



## Non-Emergency Medical Transportation: Public Comment Summary

The state is requesting to continue waiving non-emergency medical transportation (NEMT) services for members under the Iowa Health and Wellness Plan (IHAWP) until the interim evaluation report is finalized on June 29, 2016.<sup>1</sup> This will allow the state to conduct a fuller assessment on the impact that lack of NEMT services has on members' access to care. As part of the waiver amendment process, the state gave public notice on September 4, 2014, which included a 30-day public comment period of September 12 through October 13, 2014. The state reviewed a total of fifteen comments; one comment was received from a private individual and other comments were submitted by various organizations. The state also received two comments that were submitted past the allowed comment period.

Overall, none of the comments supported extension of the NEMT waiver after 2014. All comments stressed the importance of NEMT as means to achieving the goals of the Iowa Health and Wellness Plan, such as improving access to preventive services and meeting healthy behavior requirements. The majority of comments mentioned low-income individuals have a greater need for transportation than the average patient and the lack NEMT will negatively impact their access to preventive care. The following information contains a list of organizations that submitted comments and a summary of their concerns on the proposed amendment.

### Summary reflects comments from the following organizations:

1. Marion County Public Health
2. Iowa Section of the American Congress of OB/GYN
3. Community Mental Health Center
4. National Alliance on Mental Health
5. Iowa Department of Public Health
6. Iowa Hospital Association
7. Olmstead Consumer Taskforce
8. Visiting Nurses Services of Iowa
9. Registered Dental Hygienist
10. National MS Society
11. Primary Care Association
12. Peer Disability Support
13. Child and Family Policy Center
14. AARP

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<sup>1</sup> Per Marketplace Choice Plan STC #79: Interim Evaluation Report. The State is required to submit a draft Interim Evaluation Report 90 days following completion of year two of the demonstration...CMS will provide comments within 60 days of receipt of the draft Interim Evaluation Report. The State shall submit the final Interim Evaluation Report within 30 days after receipt of CMS' comments. Iowa interprets that this timeframe would mean the Interim Evaluation Report will be finalized by June 29, 2016.

### Lack of Transportation Limits Access to Health Care

Three comments expressed concerns about the need for transportation assistance due to lack of vehicle ownership by members or their close associates. One comment noted members living in rural counties are not able to afford the cost of gas for specialty appointments that require long distance travel. Another comment raised concern about limited dental providers in rural counties and the need for transportation to access providers in other counties.

Several groups representing health care organizations for pregnant women, mentally and physically disabled, and low-income families expressed the difficulties their patients have accessing care without NEMT. One comment noted low-income individuals are at higher risks for complications and the lack of access to preventive visits may lead to an increase in emergency room (ER) visits.

Although NEMT is actually covered under IHAWP for members under age twenty-one, one comment expressed concerns that NEMT presents a barrier to receiving timely EPSDT services. Another comment noted the need for NEMT increases as the population ages. Comments from five entities mentioned that coverage alone is not sufficient for low-income individuals who rely on transportation for access to health care services.

### Contrary to the Goals of the Iowa Health and Wellness Plan

Several comments discussed how elimination of NEMT conflicts with stated goals of the IHAWP program and federal guidance. As stated above, they noted the waiver creates a barrier to improving access to preventive services and other healthy behaviors, thereby exacerbating health care conditions and leading to higher health care costs on acute incidents. One comment mentioned how waiving NEMT conflicts with providing wrap-around services to make benefits equal to Medicaid. Comments from provider groups expressed concerns about their inability to ensure appropriate care for patients without NEMT and stressed that transportation directly affects their care. One comment mentioned Iowa ranks 40<sup>th</sup> in number of OB/GYN provider per capita nationally and lack of NEMT creates an additional barrier.

One comment stated that providers are assuming more risk for health status and outcomes of patients, but that can only go so far if NEMT is not available.

Several comments addressed the need to keep benefits consistent as they move between Medicaid programs. Due to significant churning, providers have concerns that inconsistent benefits will cause confusion among enrollees, interrupt critical care, and create payment issues during the transition.

### Inconclusive Results of Preliminary NEMT Study

Nine comments referenced the preliminary survey on the impact of NEMT conducted by the University of Iowa's Public Policy Center. Four comments noted the results indicate a significant impact as 20 percent of members in the Wellness Plan, and 10 percent in the Marketplace Choice Plan expressed a need for transportation for medical visits over a six month period. In addition, several comments mentioned the study does not support the state's case that the lack of NEMT does not significantly impact access to care. They noted since the survey was limited to IowaCare members, more research needs to be done to

determine impact on all members. In order to get an accurate assessment on the impacts of lack of NEMT, several comments urged the state to consider waiting for results of future evaluation studies before implementing an extension to waive NEMT services. There were two comments that noted the preliminary study does indicate the Medicaid population has a greater need for NEMT services than the average patient nationwide.

There were five comments about the NEMT utilization rates for the Iowa Medicaid population (including the IHAWP medically exempt members). Four of the comments challenged the low utilization rates as an indicator of importance to members by raising issues with the quality of NEMT services being provided. They mentioned the low rates could be due to inadequate services such as weak marketing/outreach, and lack of repeat users due to bad experiences. The comments suggested conducting an assessment that involves a more effective NEMT provider to determine true utilization rates. There were two comments that noted the low utilization rates indicate NEMT coverage should not be a financial hardship for the state. Another comment mentioned members are unlikely to complain about services they know are not covered upfront. This may contribute to the low number of NEMT complaints received by the DHS call center. A suggestion was made to conduct a study on the relationship between NEMT and the number of “no shows” or cancellations.